

VERMONT INSURANCE BOND

Insurance Managing General Agent

(CHECK ONE OF THE ABOVE)

BOND NUMBER _____ AMOUNT \$ _____

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, of _____, County of _____ and State of _____, as principal, and _____, a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of Vermont, as surety, are held and firmly bound unto the State of Vermont for the use of the State and of any person or persons aggrieved as a result of a violation of the condition hereinafter described, in the penal sum of _____ thousand dollars, good and lawful money of the United States of America, to be paid to the Commissioner of Banking, Insurance, Securities and Health Care Administration of the State of Vermont, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

WHEREAS, the above bounden Principal has made application to the Commissioner of Banking, Insurance, Securities and Health Care Administration of the State of Vermont pursuant to the Vermont insurance Laws and Regulations (8 V.S.A., Chapter 131) for licensure as an _____;

NOW, THEREFORE, the condition of this obligation is such that if the said principal shall faithfully and honestly comply with, and abide by, all insurance laws of the State of Vermont (Title 8 Vermont Statutes Annotated) and all rules and regulations lawfully made by the Commissioner, and will pay to the Commissioner of Banking, Insurance, Securities and Health Care Administration and to any person or persons entitled thereto any and all monies that may become due and owing to the Commissioner of Banking, Insurance, Securities and Health Care Administration, State of Vermont, and to such person or persons from said Obligors, under and by virtue of the provisions of the aforementioned laws and regulations, then and in that event this obligation shall be null and void; otherwise to remain in full force and effect, it being expressly understood and agreed that in no event shall the aggregate liability of the surety for any and all claims hereunder exceed the penal sum of this bond. This bond is executed by the surety upon the express condition that the said surety may, if it shall so elect, cancel said bond by giving sixty (60) days notice in writing by certified mail to the Licensee and the Commissioner of Banking, Insurance, Securities and Health Care Administration, 89 Main Street, Drawer 20 Montpelier, Vermont 05620-3101. This bond shall be deemed canceled at the end of the sixty (60) days.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, 19 ____.

Principal

By _____
Legal Signature

Surety

Attest:

Secretary

(Corporate Seal)

By _____
Attorney-in-Fact